

40071

9999

2007
TC-40

Fiscal Year

Form 8886

2-D Bar
Code

Utah State Income Tax Dollars Fund Education

• Amended Return

Utah Individual Income Tax Return

X if deceased

Your Soc. Sec. No. SAMUEL R MAPLETON JR
400005202

7842 WEEPING WILLOW LN

801-555-5202

Spouse's SSN

AUDUBON

UT 840027842

1 Filing Status - enter code A = Single • A B = Head of Household C = Married filing jointly D = Married filing separately E = Qualifying widow(er)	2 Exemptions - enter number a 1 Yourself b Spouse c Dependents d Disabled dependents - see instr. e 1 Total exemptions (add a through d)	3 Election Campaign Fund - enter code C = Constitution Yourself Spouse D = Democrat • N • R = Republican N = No contribution Does not increase tax or reduce refund
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4 a	Federal adjusted gross income	• 4 a	59225 .		
4 b	Additions to income from form TC-40S, Part 1	4 b	500 .	4	59725 .
5 a	State tax refund included on federal form 1040	• 5 a	.		
5 b	Deductions from income from form TC-40S, Part 2	5 b	740 .	5	740 .
6	Modified federal adjusted gross income (subtract line 5 from line 4)	• 6	58985 .		
7	State income tax deducted as an itemized deduction on federal form 1040, Sch. A	• 7	.		
8	Total adjusted income (add lines 6 and 7)	8	58985 .		
9 a	Standard or itemized deduction	• 9 a	5350 .		
9 b	Personal exemptions deduction (multiply \$2,550 by line 2e, unless limited)	• 9 b	2550 .		
9 c	One-half of the federal tax	• 9 c	4522 .		
9 d	Retirement exemption/deduction - TC-40B. Check box(es) if age 65 or over	• 9 d	.	• TP	• SP
9 e	Other deductions from form TC-40S, Part 3	9 e	159 .	9	12581 .
10	Utah taxable income (subtract line 9 from line 8) If less than zero, enter zero	• 10	46404 .		
11	Enter "X" if you are a qualified exempt taxpayer (see instructions)	• 11			
12	Traditional tax calculation (calculate tax on page 17)	• 12	3095 .		
13	Flat tax rate calculation (multiply line 6 by .0535) See instr for UESP credit	• 13	3156 .		
14	Utah income tax (enter the lesser of line 12 or line 13)	14	3095 .		
15	FOR NON OR PART-YEAR RESIDENTS ONLY - Attach form TC-40C	• Nonresident	• X Part-year resident		
	Box a - from Col. A, line 32	Box b - from Col. B, line 32	Box c - Utah income tax ratio	(Line 14 x Box c)	
	• 55575 .	/	• 59225 .	=	• 9384
					• 15 2904 .

Last name MAPLETON JR

SSN 400-00-5202

16	Enter tax (full-year resident, enter tax from line 14 - non or part-year resident, enter tax from line 15)	16	2904.																																			
17	Nonrefundable credits from form TC-40S, Part 4	17	1000.																																			
18	Subtract line 17 from line 16 (Note: if line 17 is greater than or equal to line 16, enter zero)	18	1904.																																			
19	Contributions - add lines 19a through 19e and enter total contributions on line 19																																					
	<table><thead><tr><th>Code</th><th>Description</th><th>Code</th><th>Amount</th><th>Sch Dist Code</th></tr></thead><tbody><tr><td>01</td><td>Utah Nongame Wildlife Fund</td><td>19a</td><td>01</td><td>20.</td></tr><tr><td>02</td><td>Pamela Atkinson Homeless Trust Fund</td><td>19b</td><td>08</td><td>10.</td></tr><tr><td>03</td><td>Kurt Oscarson Children's Organ Transplant Fund</td><td>19c</td><td></td><td>.</td></tr><tr><td>05</td><td>School District & Nonprofit School District Foundation</td><td>19d</td><td></td><td>.</td></tr><tr><td>08</td><td>Wolf Depredation Fund</td><td>19e</td><td></td><td>.</td></tr><tr><td>09</td><td>Cat & Dog Community Spay and Neuter Program</td><td></td><td></td><td></td></tr></tbody></table>	Code	Description	Code	Amount	Sch Dist Code	01	Utah Nongame Wildlife Fund	19a	01	20.	02	Pamela Atkinson Homeless Trust Fund	19b	08	10.	03	Kurt Oscarson Children's Organ Transplant Fund	19c		.	05	School District & Nonprofit School District Foundation	19d		.	08	Wolf Depredation Fund	19e		.	09	Cat & Dog Community Spay and Neuter Program				19	30.
Code	Description	Code	Amount	Sch Dist Code																																		
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08	Wolf Depredation Fund	19e		.																																		
09	Cat & Dog Community Spay and Neuter Program																																					
20	AMENDED RETURNS ONLY - previous refund	20																																				
21	Recapture of low-income housing credit	21																																				
22	Utah use tax	22																																				
23	Total tax, use tax and additions to tax (add lines 18 through 22)	23	1934.																																			
24	UTAH TAX WITHHELD (must attach W-2s and/or 1099 forms)	24	1188.																																			
25	Credit for Utah income taxes prepaid	25																																				
26	AMENDED RETURNS ONLY - previous payments	26																																				
27	Refundable credits from form TC-40S, Part 5	27																																				
28	Total withholding and credits (add lines 24 through 27)	28	1188.																																			
29	Tax Due - if line 23 is greater than line 28, subtract line 28 from line 23	TAX DUE 29	746.																																			
30	Penalty and interest	30																																				
31	Pay this amount (add lines 29 and 30)	31	746.																																			
32	Refund - if line 28 is greater than line 23, subtract line 23 from line 28	REFUND 32																																				
33	Enter the amount of refund you want applied to your 2008 taxes	33																																				
34	DIRECT DEPOSIT YOUR REFUND. Complete information below.																																					
	• Routing number	• Account number	checking savings Acct type • •																																			

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules reflect my true tax status.

SIGN	Your signature	Date	Spouse's signature	Date
HERE				
Third Party Designee	Name of designee (if any) you authorize to discuss this return	Designee's telephone number	Designee PIN	•
	BETTY HENDERSON	801-555-6971		65432
Paid Preparer's	Preparer's signature	Date	Preparer's telephone number	•
			- -	SSN/PTIN
Section	Firm's name and address			•
				EIN

Part 1 - Additions to Income (write the code and amount of each addition to income, see pages 5 and 6)

Code		Code		
5 1	Lump sum distribution	5 6	Child's income excluded from parent's return	• 52 200 .
5 2	State taxes allocated from estate/trust	5 7	Municipal bond interest	
5 3	Medical Savings Account (MSA) *	6 0	Untaxed income of a resident trust	• 54 300 .
5 4	Utah Educational Savings Plan (UESP) *	6 1	Untaxed income of a nonresident trust	
5 5	Reimbursed adoption expenses *	6 9	Equitable adjustments	• .
	* to the extent previously deducted from Utah income			• .
Total additions to income (add all additions to income and enter total here and on TC-40, line 4b)				500 .

Part 2 - Deductions from Income (write the code and amount of each other deduction, see pages 6 and 7)

Code		Code		
7 1	Interest from U.S. Government Obligations	7 8	Railroad retirement income	• 71 740 .
7 7	Native American income: Enrollment number & Tribe -	7 9	Equitable adjustments	
	Primary •	8 2	Nonresident active duty military pay	• .
	Secondary •	8 5	State tax refund distributed to beneficiary	• .
				• .
				• .
Total deductions from income (add all deductions from income and enter total here and on TC-40, line 5b)				740 .

Part 3 - Other Deductions from Income (write the code and amount of each other deduction, see pages 8 and 9)

Code		Code		
7 2	Medical Savings Account (MSA)	7 5	Long-term care insurance premiums	• 72 159 .
7 3	Utah Educational Savings Plan (UESP)	7 6	Adoption expenses	
7 4	Health care insurance premiums	8 1	Gains on capital transactions	• .
				• .
				• .
				• .
				• .
Total other deductions (add all other deductions and enter total here and on TC-40, line 9e)				159 .

Attach completed schedule to your 2007 Utah Income Tax return

Last name MAPLETON JR

SSN 400-00-5202

Part 4 - Nonrefundable Credits (write the code and amount of each nonrefundable credit, see pages 10 through 13)

<u>Code</u>		<u>Code</u>		
0 1	At-home parent	1 0	Recycling market development zone	• 12 260 .
0 2	Qualified sheltered workshop - enter name below	1 1	Tutoring disabled dependents	
		1 2	Research activities	• 19 740 .
0 3	Carryover of prior credit for energy systems	1 3	Research machinery/equipment	
0 5	Clean fuel vehicle	1 7	Tax paid to another state (attach TC-40A)	• .
0 6	Historic preservation	1 9	Live organ donation expenses	
0 7	Enterprise zone	2 1	Renewable residential energy systems	• .
0 8	Low-income housing			• .
				• .
Total nonrefundable credits (add all nonrefundable credits and enter total here and on TC-40, line 17)				1000 .

Part 5 - Refundable Credits (write the code and amount of each refundable credit, see page 15)

<u>Code</u>		<u>Code</u>		
3 9	Renewable commercial energy systems	4 6	Mineral production withholding	• .
4 0	Targeted business tax credit	4 7	Agricultural off-highway gas/undyed diesel	
4 1	Special needs adoption credit	4 8	Farm operation hand tools	• .
4 3	Nonresident shareholder's withholding			• .
	FEIN -			• .
Total refundable credits (add all refundable credits and enter total here and on TC-40, line 27)				. .

Attach completed schedule to your 2007 Utah Income Tax return

Taxpayer last name

Taxpayer social security number

Residency status:

☐ Nonresident. Home state abbreviation: _____

☐ Part-year Utah resident from ____ / ____ / 07 to ____ / ____ / 07

Column A - UTAH INCOME AND ADJUSTMENTS

INCOME: Enter all income or loss 1) earned or received from Utah sources while not a Utah resident, plus 2) earned or received from all sources while a Utah resident, even if not from a Utah source.

ADJUSTMENTS: Enter each adjustment applicable to Utah income. This includes payments to qualified IRA or self-employed retirement plans, alimony paid while a Utah resident, moving expenses when moving into Utah, etc.

Column B - FEDERAL INCOME AND ADJUSTMENTS

INCOME: Enter the amount of income in this column from all sources, as found on your federal return, as noted below.

ADJUSTMENTS: Enter the amount of each adjustment applicable to federal income, as found on your federal return, as noted below.

Nonresident Military Personnel Adjustment: Enter on line 30, Column B, the amount included on line 1, Column B, that is active duty military pay.

INCOME	COLUMN A - UTAH	COLUMN B - FEDERAL
1. Wages, salaries, tips, etc. (1040/1040A line 7, 1040EZ line 1)	00	00
2. Taxable interest income (1040/1040A line 8a, 1040EZ line 2)	00	00
3. Ordinary dividends (1040/1040A line 9a)	00	00
4. Taxable refunds, credits, or offsets of state and local income taxes (1040 line 10)	00	00
5. Alimony received (1040 line 11)	00	00
6. Business income or (loss) (1040 line 12)	00	00
7. Capital gain or (loss) (1040 line 13, 1040A line 10)	00	00
8. Other gains or (losses) (1040 line 14)	00	00
9. IRA distributions - taxable amount (1040 line 15b, 1040A line 11b)	00	00
10. Pensions and annuities - taxable amount (1040 line 16b, 1040A line 12b)	00	00
11. Rental real estate, royalties, part., S corp., trusts, etc. (1040 line 17)	00	00
12. Farm income or (loss) (1040 line 18)	00	00
13. Unemployment compensation (1040 line 19, 1040A line 13, 1040EZ line 3)	00	00
14. Social Security benefits - taxable amount (1040 line 20b, 1040A line 14b)	00	00
15. Other income (1040 line 21)	00	00
16. Total income (add lines 1 through 15)	00	00
ADJUSTMENTS	COLUMN A - UTAH	COLUMN B - FEDERAL
17. Educator expenses (1040 line 23)	00	00
18. Certain business expenses (1040 line 24)	00	00
19. Health savings account deduction (1040 line 25)	00	00
20. Moving expenses (1040 line 26 - column A, only expenses moving into Utah)	00	00
21. One-half of self-employment tax (1040 line 27)	00	00
22. Self-employed SEP, SIMPLE, and qualified plans (1040 line 28)	00	00
23. Self-employed health insurance deduction (1040 line 29)	00	00
24. Penalty on early withdrawal of savings (1040 line 30)	00	00
25. Alimony paid (1040 line 31a)	00	00
26. IRA deduction (1040 line 32, 1040A line 17)	00	00
27. Student loan interest deduction (1040 line 33, 1040A line 18)	00	00
28. Tuition and fees deduction (1040 line 34, 1040A line 19)	00	00
29. Domestic production activities deduction (1040 line 35)	00	00
30. Nonresident military active duty pay included on line 1 column B (page 9)		00
31. Total adjustments (add lines 17 through 30)	00	00
32. Subtract line 31 from line 16 for both COLUMNS A and B. COLUMN B total must equal the FAGI amount on TC-40, line 4a (unless line 30 is completed).	00	00

Attach this completed SCHEDULE to your Utah tax return.

Enter this total on
TC-40, line 15, "Box a"

Enter this total on
TC-40, line 15, "Box b"

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234518				1 Wages, tips, other compensation 670		2 Federal income tax withheld 20	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 18 123 JAMES STREET QUINTON AL 35130				3 Social security wages 670		4 Social security tax withheld 42	
				5 Medicare wages and tips 670		6 Medicare tax withheld 10	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c.12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c.12b	
				14 Other		c.12c	
						c.12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. UT Z52093		16 State wages, tips, etc. 670		17 State income tax 47		18 Locality name	
						19 Local wages, tips, etc.	
						20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234517				1 Wages, tips, other compensation 830		2 Federal income tax withheld 20	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 17 123 JAMES STREET QUINTON AL 35130				3 Social security wages 830		4 Social security tax withheld 51	
				5 Medicare wages and tips 830		6 Medicare tax withheld 21	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c,12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c,12b	
				14 Other		c,12c	
						c,12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. UT Y36609		16 State wages, tips, etc. 830		17 State income tax 58		18 Locality name	
						19 Local wages, tips, etc.	
						20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234516				1 Wages, tips, other compensation 400		2 Federal income tax withheld 10	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 16 123 JAMES STREET QUINTON AL 35130				3 Social security wages 400		4 Social security tax withheld 25	
				5 Medicare wages and tips 400		6 Medicare tax withheld 6	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c.12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c.12b	
				14 Other		c.12c	
						c.12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. UT W51101		16 State wages, tips, etc. 400		17 State income tax 55		18 Locality name	
						19 Local wages, tips, etc.	
						20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234515				1 Wages, tips, other compensation 780		2 Federal income tax withheld 20	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 15 123 JAMES STREET QUINTON AL 35130				3 Social security wages 780		4 Social security tax withheld 48	
				5 Medicare wages and tips 780		6 Medicare tax withheld 11	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c.12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c.12b	
				14 Other		c.12c	
						c.12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. UT W11503		16 State wages, tips, etc. 780		17 State income tax 55		18 Locality name	
						19 Local wages, tips, etc.	
						20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234514				1 Wages, tips, other compensation 980		2 Federal income tax withheld 20	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 14 123 JAMES STREET QUINTON AL 35130				3 Social security wages 980		4 Social security tax withheld 61	
				5 Medicare wages and tips 980		6 Medicare tax withheld 14	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c.12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c.12b	
				14 Other		c.12c	
						c.12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. UT Y13115		16 State wages, tips, etc. 980		17 State income tax 69		18 Locality name	
						19 Local wages, tips, etc.	
						20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234513				1 Wages, tips, other compensation 275		2 Federal income tax withheld	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 13 123 JAMES STREET QUINTON AL 35130				3 Social security wages 275		4 Social security tax withheld 17	
				5 Medicare wages and tips 275		6 Medicare tax withheld 4	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c,12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c,12b	
				14 Other		c,12c	
						c,12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. UT W63999		16 State wages, tips, etc. 275		17 State income tax 19		18 Locality name	
						19 Local wages, tips, etc.	
						20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234512				1 Wages, tips, other compensation 1,100		2 Federal income tax withheld 20	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 12 123 JAMES STREET QUINTON AL 35130				3 Social security wages 1,100		4 Social security tax withheld 68	
				5 Medicare wages and tips 1,100		6 Medicare tax withheld 16	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c.12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c.12b	
				14 Other		c.12c	
						c.12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. UT Z92510		16 State wages, tips, etc. 1,100		17 State income tax 77		18 Locality name	
						19 Local wages, tips, etc.	
						20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234511				1 Wages, tips, other compensation 530		2 Federal income tax withheld 10	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 11 123 JAMES STREET QUINTON AL 35130				3 Social security wages 530		4 Social security tax withheld 32	
				5 Medicare wages and tips 530		6 Medicare tax withheld 8	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c.12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c.12b	
				14 Other		c.12c	
						c.12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. UT Z15093		16 State wages, tips, etc. 530		17 State income tax 37		18 Locality name	
						19 Local wages, tips, etc.	
						20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234560				1 Wages, tips, other compensation 478		2 Federal income tax withheld	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 10 123 JAMES STREET QUINTON AL 35130				3 Social security wages 478		4 Social security tax withheld 30	
				5 Medicare wages and tips 478		6 Medicare tax withheld 7	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c,12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c,12b	
				14 Other		c,12c	
						c,12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. UT W25505		16 State wages, tips, etc. 478		17 State income tax 33		18 Locality name	
						19 Local wages, tips, etc.	
						20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234569				1 Wages, tips, other compensation 450		2 Federal income tax withheld	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 9 123 JAMES STREET QUINTON AL 35130				3 Social security wages 450		4 Social security tax withheld 28	
				5 Medicare wages and tips 450		6 Medicare tax withheld 7	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c,12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c,12b	
				14 Other		c,12c	
						c,12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. UT Y43092		16 State wages, tips, etc. 450		17 State income tax 31		18 Locality name	
						19 Local wages, tips, etc.	
						20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234568				1 Wages, tips, other compensation 300		2 Federal income tax withheld	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 8 123 JAMES STREET QUINTON AL 35130				3 Social security wages 300		4 Social security tax withheld 19	
				5 Medicare wages and tips 300		6 Medicare tax withheld 4	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c,12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c,12b	
				14 Other		c,12c	
						c,12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. UT W29136		16 State wages, tips, etc. 300		17 State income tax 21		18 Locality name	
						19 Local wages, tips, etc.	
						20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234567				1 Wages, tips, other compensation 1,400	2 Federal income tax withheld 20		
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 7 123 JAMES STREET QUINTON AL 35130				3 Social security wages 1,400	4 Social security tax withheld 87		
				5 Medicare wages and tips 1,400	6 Medicare tax withheld 20		
				7 Social security tips	8 Allocated tips		
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL MAPLETON 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c.12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c.12b	
				14 Other		c.12c	
						c.12d	
f Employee's address and ZIP code							
15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Locality name	19 Local wages, tips, etc.	20 Local income tax	
UT	W75366	1,400	98				

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234566				1 Wages, tips, other compensation 1,300	2 Federal income tax withheld 20		
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 6 123 JAMES STREET QUINTON AL 35130				3 Social security wages 1,300	4 Social security tax withheld 81		
				5 Medicare wages and tips 1,300	6 Medicare tax withheld 19		
				7 Social security tips	8 Allocated tips		
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c.12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c.12b	
				14 Other		c.12c	
						c.12d	
f Employee's address and ZIP code							
15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Locality name	19 Local wages, tips, etc.	20 Local income tax	
UT	Z20961	1,300	91				

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234565				1 Wages, tips, other compensation 755		2 Federal income tax withheld 20	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 5 123 JAMES STREET QUINTON AL 35130				3 Social security wages 755		4 Social security tax withheld 47	
				5 Medicare wages and tips 755		6 Medicare tax withheld 11	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c.12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c.12b	
				14 Other		c.12c	
						c.12d	
f Employee's address and ZIP code				15 State Employer's state I.D. no. UT Z49301		16 State wages, tips, etc. 755	
				17 State income tax 53		18 Locality name	
				19 Local wages, tips, etc.		20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234564				1 Wages, tips, other compensation 1,800		2 Federal income tax withheld	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 4 123 JAMES STREET QUINTON AL 35130				3 Social security wages 1,800		4 Social security tax withheld 112	
				5 Medicare wages and tips 1,800		6 Medicare tax withheld 26	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c12b	
				14 Other		c12c	
						c12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. UT Y89462		16 State wages, tips, etc. 1,800		17 State income tax 126		18 Locality name	
						19 Local wages, tips, etc.	
						20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234563				1 Wages, tips, other compensation 900		2 Federal income tax withheld	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 3 123 JAMES STREET QUINTON AL 35130				3 Social security wages 900		4 Social security tax withheld 56	
				5 Medicare wages and tips 900		6 Medicare tax withheld 13	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAM R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c,12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c,12b	
				14 Other		c,12c	
						c,12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. UT Y43200		16 State wages, tips, etc. 900		17 State income tax 36		18 Locality name	
						19 Local wages, tips, etc.	
						20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234562				1 Wages, tips, other compensation 2,000		2 Federal income tax withheld	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 2 123 JAMES STREET QUINTON AL 35130				3 Social security wages 2,000		4 Social security tax withheld 124	
				5 Medicare wages and tips 2,000		6 Medicare tax withheld 29	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c,12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c,12b	
				14 Other		c,12c	
						c,12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. UT W46310		16 State wages, tips, etc. 2,000		17 State income tax 120		18 Locality name	
						19 Local wages, tips, etc.	
						20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234561				1 Wages, tips, other compensation 1,690	2 Federal income tax withheld 192		
c Employer's name, address, and ZIP code SOUTH SEA CONCERTS CONCERT 1 500 PALM STREET HONOLULU HI 96811				3 Social security wages 1,690	4 Social security tax withheld 105		
				5 Medicare wages and tips 1,690	6 Medicare tax withheld 25		
				7 Social security tips	8 Allocated tips		
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c.12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c.12b	
				14 Other		c.12c	
						c.12d	
f Employee's address and ZIP code							
15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Locality name	19 Local wages, tips, etc.	20 Local income tax	
UT	Y63123	1,690					

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234519				1 Wages, tips, other compensation 540		2 Federal income tax withheld	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 19 123 JAMES STREET QUINTON AL 35130				3 Social security wages 540		4 Social security tax withheld 33	
				5 Medicare wages and tips 540		6 Medicare tax withheld 8	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c12b	
				14 Other		c12c	
						c12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. UT W53219		16 State wages, tips, etc. 540		17 State income tax 38		18 Locality name	
						19 Local wages, tips, etc.	
						20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234520				1 Wages, tips, other compensation 1,775		2 Federal income tax withheld 50	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 20 123 JAMES STREET QUINTON AL 35130				3 Social security wages 1,775		4 Social security tax withheld 110	
				5 Medicare wages and tips 1,775		6 Medicare tax withheld 26	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5202				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name SAMUEL R. MAPLETON JR 7842 WEEPING WILLOW LANE AUDUBON, UT 84002				11 Nonqualified plans		c.12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c.12b	
				14 Other		c.12c	
						c.12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. UT W15099		16 State wages, tips, etc. 1,775		17 State income tax 124		18 Locality name	
						19 Local wages, tips, etc.	
						20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

Label

(See instructions on page 16.)
Use the IRS label.
Otherwise, please print or type.

Presidential

Election Campaign

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For the year Jan. 1–Dec. 31, 2007, or other tax year beginning , 2007, ending , 20

OMB No. 1545-0074

Your first name and initial

SAMUEL R

Last name

MAPLETON

If a joint return, spouse's first name and initial

Last name

Your social security number

400 00 5202

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 16.

7842 WEEPING WILLOW LN

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

AUDUBON UT 84002-7842

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)

You Spouse

Filing Status

Check only one box.

- 1 ☒ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here.
- 4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.
- 5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

If more than four dependents, see page 19.

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☐ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If qualifying child for child tax credit (see page 19)Boxes checked on 6a and 6b
No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers on lines above

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
- 8a Taxable interest. Attach Schedule B if required
- b Tax-exempt interest. Do not include on line 8a
- 9a Ordinary dividends. Attach Schedule B if required
- b Qualified dividends (see page 23)
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)
- 11 Alimony received
- 12 Business income or (loss). Attach Schedule C or C-EZ
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
- 14 Other gains or (losses). Attach Form 4797
- 15a IRA distributions
- 16a Pensions and annuities
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
- 18 Farm income or (loss). Attach Schedule F
- 19 Unemployment compensation
- 20a Social security benefits
- 21 Other income. List type and amount (see page 29)
- 22 Add the amounts in the far right column for lines 7 through 21. This is your total income

8b

9b

b Taxable amount (see page 25)

b Taxable amount (see page 26)

b Taxable amount (see page 27)

7 18953

8a

9a

10

11

12

13

14

15b

16b

17 40272

18

19

20b

21

22 59225

Adjusted Gross Income

- 23 Educator expenses (see page XX)
- 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
- 25 Health savings account deduction. Attach Form 8889
- 26 Moving expenses. Attach Form 3903
- 27 One-half of self-employment tax. Attach Schedule SE
- 28 Self-employed SEP, SIMPLE, and qualified plans
- 29 Self-employed health insurance deduction (see page 29)
- 30 Penalty on early withdrawal of savings
- 31a Alimony paid b Recipient's SSN
- 32 IRA deduction (see page 31)
- 33 Student loan interest deduction (see page 33)
- 34 Tuition and fees deduction. Attach Form 8917
- 35 Domestic production activities deduction. Attach Form 8903
- 36 Add lines 23 through 31a and 32 through 35
- 37 Subtract line 36 from line 22. This is your adjusted gross income

23

24

25

26

27

28

29

30

31a

32

33

34

35

36

37 59225

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.

• All others:

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38	Amount from line 37 (adjusted gross income)	38	59225
39a	Check <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5350
41	Subtract line 40 from line 38	41	53875
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page XX.	42	3400
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	50475
44	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889	44	9043
45	Alternative minimum tax (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45	46	9073
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see page XX). Attach Form 8901 if required	52	
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	9043

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	9043

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	422
65	2007 estimated tax payments and amount applied from 2006 return	65	6000
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 60)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	6422

Refund

Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
75	Amount of line 73 you want applied to your 2006 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	2621
77	Estimated tax penalty (see page 62)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 63)? ☐ Yes. Complete the following. ☐ No

Designee's name **BETTY HENDERSON** Phone no. **(801) 555-6971** Personal identification number (PIN) **6 5 4 3 2**

Sign Here

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ()
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature **Preparer's SSN or PTIN**

Firm's name (or yours if self-employed), address, and ZIP code **EIN** **Phone no.** ()

